

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 MADISON AVENUE

City SACRAMENTO State CA Zip Code 95841

Purpose of Disbursement
2010 PRIMARYCandidate Name
C MICHAEL THOMPSONOffice Sought: ☒ House
☐ Senate
☐ President

State: CA District: 01

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: SB23.33587

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	9

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
MOVING AMERICA FORWARD

Mailing Address 500 RED SAIL WAY

City SATELLITE BEACH State FL Zip Code 32937

Purpose of Disbursement
2009 CONTRIBUTIONCandidate Name
MOVING AMERICA FORWARDOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: SB23.33592

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	9

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
PEOPLE FOR PATTY MURRAY US SENATE CAMPAIGN

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement
2010 PRIMARYCandidate Name
PATTY MURRAYOffice Sought: ☐ House
☒ Senate
☐ President

State: WA District: 00

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: SB23.33590

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)